INITIALS

POSITION

ID NO.

DATE

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FEE DETERMINATION	YN (
O.I.P.E. CLASSIFIER	1	4.	9 (0/9/01	
FORMALITY REVIEW	42	1124	06/03/02	
	اNI کاد	DEX OF CLAIMS	0610378	
*	Rejec		Non-elected	
=	Allow	red I	Interference	
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Claim 5 Date	Claim	Date ,	Claim Date	
riginal 22/03/6	lua l		Pinal	
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	51		110	++-
3	52		113	+++-
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9	59		119	+++-
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12	62		112	
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15	66		116	
17	67		117	
18	68		119	+++
20	70		120	
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23 24	74		124	
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26	76		126	+++
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41 42 43 43 44 45 46 47	96		146	+++
47 48	97	 	148	
49	99		149	

If more than 150 claims or 10 actions staple additional sheet here

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Dr. Elol May